

2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 19, 2008 8:00 am
Secretary of State

03-19-2008 90016 007 ***150.00

DOCUMENT # P07000080372

1. Entity Name
MARIJOE ENTERPRISES, INC.



Principal Place of Business
1971 NW 10 TERRACE
HOMESTEAD, FL 33030

Mailing Address
1971 NW 10 TERRACE
HOMESTEAD, FL 33030

40048670



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

P.O. Box 1687

Suite, Apt. #, etc.

Suite, Apt. #, etc.

03122008

Chg-P

CR2E034 (12/06)

City & State

City & State
Homestead, FL 33030

4. FEI Number

39-2062446

Applied For

Not Applicable

Zip

Country

Zip
33090

Country

MIAMI-DADE

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

CHOOS, S. SCOTT
44 N.E. 16 STREET
HOMESTEAD, FL 33030

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2008 Fee will be \$550.00

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
DP
STRANO, JOSEPH
1971 NW 10 TERRACE
HOMESTEAD, FL 33030 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
DST
STRANO, MARIA
1971 NW 10 TERRACE
HOMESTEAD, FL 33030 ☐ Delete

TITLE
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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Joseph Strano JOSEPH STRANO 3/12/08 305-345 3754
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #